PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		020174-008620US	
Application Number 10/602,489		Filed June 23, 2003	
For RECIRCULATING FLUIDIC NETWORK AND METHODS FOR USING THE SAME			
Art Unit 1797		Examiner Hyun, Paul Sang Hwa	
This is a request under the provisions of 37 CFR 1.13 application.	36(a) to extend the per	iod for filing a reply in	the above identified
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
_	Fee	Small Entity Fee	-
One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ <u>65</u>
Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$
Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
Applicant claims small entity status. See 37 Cl	FR 1.27.		
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Decosit Account Number 20-1430			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
attorney or agent of record. Registration Number <u>56,400</u>			
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
/Craig C. Largent/ July 13, 2009			13, 2009
Signature		Date	
Craig C. Largent, Reg. No. 56,400		650-326-2400	
Typed or printed name Telephone Number			
NOTE: Signatures of all the inventors or assignees of record of the e one signature is required, see below.	ntire interest or their represe	ntative(s) are required. Su	bmit multiple forms if more than
Total offorms are submitted.			